

1A. PRODUCER'S NAME AND ADDRESS (Including ZIP Code)	2. APPLICATION NUMBER	FSA-373 (04-03-02)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency
		APPLICATION FOR DAIRY INDEMNITY PAYMENT	
1B. PRODUCER'S IDENTIFICATION NUMBER		(See Page 2 for Privacy Act and Public Burden Statements.)	
		3. DATE RECEIVED IN COUNTY OFFICE (MM-DD-YYYY)	

PART A - COMPLETED BY MILK PRODUCER

4. BASE PERIOD				5. CLAIM PERIOD		6. QUESTIONS FOR PRODUCER	CHECK ONE	
A. Dates (MM-DD-YYYY)	B. No. of Cows Milked	C. Pounds Marketed	D. Days Marketed- Month	A. Dates (MM-DD-YYYY)	B. Number of Cows Milked	a. Name of contaminating substance: _____	YES	NO
(1)				(1)		b. Did you use the substance on your farm in the past 24 months?		
(2)				(2)		c. If Yes, was it used according to instructions on the label?		
(3)				(3)		CONTAMINATED COWS		
The undersigned producer hereby certifies that the data entered in Part A are true and correct to the best of my knowledge and belief, and I hereby request a milk indemnity payment for the application period indicated below.						d. Did you purchase any cows recently?		
						e. If Yes, did you receive a certificate of purity from the seller of the cows?		
						f. Did you know or have reason to believe that such cows were carrying residues of a harmful substance?		
7. APPLICATION PERIOD (Dates removed from and reinstated to the market)						CONTAMINATED FEEDS		
8A. SIGNATURE OF MILK PRODUCER				8B. DATE (MM-DD-YYYY)		g. Did you purchase feed that could have caused this contamination?		
						h. If Yes, did you receive a certificate of purity from the seller of the feed?		
						i. Did you know or have reason to believe that the contaminated feed contained a harmful substance?		
						j. Other: _____		

PART B - FOR COUNTY OFFICE USE ONLY

9. CLAIM PERIOD	
A. Month:	B. POUNDS:
	AMOUNT
10. Gross Payment Price (Actual price producer received)	\$
11. Promotional Fees (Paid during claim period) (Subtract)	\$
12. Hauling Fees (The hauling fees paid during claim period.) (Subtract)	\$
13. Net Payment Price (The result of Item 10 LESS Items 11 and 12.)	\$

PART C - CALCULATIONS - FOR COUNTY OFFICE USE ONLY (Items 14-24 below and Items 26-28 on Page 2)

14. Pay Periods	15. Days Off Market	16. Cows Milked	17. Base Prod. Lbs/Cow/Day	18. Calculated Production	19. Claim Period	20. Payment Due
	X	X	=	X	=	\$
	X	X	=	X	=	\$
	X	X	=	X	=	\$
	X	X	=	X	=	\$
	X	X	=	X	=	\$
21. TOTAL PAYMENT DUE						\$
22. Non-refundable payments advanced to farmer for milk removed.						\$
23. Off-Set.						\$
24. Balance due applicant.						\$
APPROVED FOR PAYMENT		25A. SIGNATURE OF COUNTY OFFICE OFFICIAL				25B. DATE (MM-DD-YYYY)

26. DAILY MILKING DOCUMENTATION:

A. Average Pounds Marketed Per Day	B. Average Pounds Per Milking	C. Date Removed From Market (MM-DD-YYYY)	D. Date Reinstated To The Market (MM-DD-YYYY)	E. Time of Daily Milking(s)	F. Time of Day Milk Is Picked Up
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27. CALENDAR INDICATING TIME OF DAY COWS WERE MILKED

A. Day	B. Time of Day	A. Day	B. Time of Day	A. Day	B. Time of Day
1	AM PM	12	AM PM	23	AM PM
2	AM PM	13	AM PM	24	AM PM
3	AM PM	14	AM PM	25	AM PM
4	AM PM	15	AM PM	26	AM PM
5	AM PM	16	AM PM	27	AM PM
6	AM PM	17	AM PM	28	AM PM
7	AM PM	18	AM PM	29	AM PM
8	AM PM	19	AM PM	30	AM PM
9	AM PM	20	AM PM	31	AM PM
10	AM PM	21	AM PM		
11	AM PM	22	AM PM		

28. DAYS OFF MARKET	29A. FSA County Office Name and Address (Including ZIP Code)	29B. FSA County Office Telephone Number (Including Area Code)
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